

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
Form 1 (1938)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38974

DEC 11 1939  
Registration District No. 73

Primary Registration District No. 3006

State File No. \_\_\_\_\_

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Boone Co  
 (b) City or town Columbia mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1202 Lakeview  
(Name of hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community 10 Days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
 (c) City or town Stephens mo Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? life years.

3. (a) PRINT FULL NAME

ELVIN TURNER EASTWOOD

3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
 year 1939 hour 6 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Letha Gossett Eastwood 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May 29 - 1911  
(Month) (Day) (Year)

Immediate cause of death Suicide Rifle wound in stomach Self inflicted  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 28 Months 5 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mokane Callaway Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business "

12. Name Ansel T. Eastwood

13. Birthplace Mokane MO  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Meyerotto

15. Birthplace Moxysion MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leta Eastwood  
 (b) Address 1202 Lakeview

17. (a) Burial (b) Date thereof 11/16/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mokane, mo

18. (a) Signature of funeral director R. O. Wierich  
 (b) Address Columbia mo

19. (a) 11/16/39 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

Other conditions 1/10  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide  
 (b) Date of occurrence 11/15/39  
 (c) Where did injury occur? Columbia, 1202 Lakeview  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Self inflicted

23. Signature Mr. Johnson (Dr. D. or other) Crocker  
 Address Columbia, mo Date signed 11/17/39

JUL 2 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~city~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**